1 PLACE OF DEATH		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
Cou	inty	•	791	19635
	vnship	Registration District No		***************************************
or Vill	₽ •	. Primary Registration D	istrict No Registered	4900
or City	N2ouis Mo	No 1019 Rin	tgeros. 7 was	IIf death occurred in
	PERSONAL AND STATISTICAL P	ARTICULARS O	MEDICAL CERTIFICAT	E OF DEATH
3 5EX	of White Wildow	ED /// - 16	DATE OF DEATH May	(Day) (Year)
6 DATE OF BIRTH			I HEREBY CERTIFY, th	at I attended deceased from
			May 14 , 1916 , 10	may 15 , 1916
7	(Month)	/(Day) (Year) the	it I last saw h alive on	1914 1914
7 AGE If LESS than 1 day,hrs.			d that death occurred, on the date	stated above, at 5 402m
	yrs. Y mos.		e CAUSE OF DEATH* was as follows	lows:
(a) part	CUPATION Trade, profession, or June ticular kind of work	~ mto 0 12	Intususcep	tion of borre
busi	General nature of industry iness, or establishment in Levelan ch employed (or employer)	- Grundla 12	9.1	
(City	THPLACE or town, or foreign country)	nure	(Duration)	yrs mos ds
	10 NAME OF Juno Illu	grobers .	(Secondary)	eritoriti
PARENTS	11 BIRTHPLACE OF FATHER (City or town, State or foreign country)	ingasin ()	gned) Felix Ho	945-12-12
	12 MAIDEN NAME OF MOTHER ANN.	~ Barer (1)	*Statethe Disease Causing Death, or, is Means of Injury; and (2) whether Accident	ndcaths from Violent Causes, stated
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)	unaria 18	LENGTH OF RESIDENCE (For Hospit or Recent Residents)	als, Institutions, Transients
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				teds
(Informant) May Mughony			rmer or	
15	(Address) 1019 Ru		S Peter Paul Cer	DATE OF BURIAL
	1347 23 1916 Marlo	Starploff 201	INDERTAKER /	ADDRESS
Fil	• • • • • • • • • • • • • • • • •			2623 Cherof

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman." "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage." "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUI-CIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acidprobably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)